



Automatic Payroll Deposit Authorization

I hereby authorize Hillcrest to initiate automatic deposits to my designated bank account(s) listed below.

I agree to not hold Hillcrest responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error by my financial institution in depositing the funds to my account.

This agreement will remain in effect until I submit a new direct deposit form to Hillcrest.

Please attach a copy of a voided check to ensure accuracy. Use account information from checks only - NOT deposit slips.

Name _____ Effective Date _____

Primary Account _____ Checking _____ Savings

Financial Institution Name _____

Routing/Transit# _____ Account # _____

Secondary Account _____ Checking _____ Savings

Financial Institution Name _____

Routing/Transit# _____ Account # _____

Amount to Deposit _____ All _____ Partial: \$ %

Tertiary Account _____ Checking _____ Savings

Financial Institution Name _____

Routing/Transit# _____ Account # _____

Amount to Deposit _____ All _____ Partial: \$ %

Signature _____ Date _____